Meeting Minutes for the

Governor's Council on Behavioral Health

Tuesday, September 9, 2014

Public members present: Rich Leclerc, Joseph Le, Anne M. Mulready, Cherie Cruz, Sarah Dinklage, Bruce Long.

Appointed members present: None.

Statutory members present: None.

Ex-officio members present: Ruth Anne Dougherty and Chris Strnad (DCYF); Denise Achin and Alice Woods (Department of Education); Colleen Poselli (DOH); Jason Lyon (OHHS); MaryAnn Ciano (DEA); Rebecca Boss, Anna Meehan, Linda Barovier, Linda Mahoney (BHDDH).

Guests: Shannon Spurlock (RI Prevention Resource Center), Elizabeth Conley (The Providence Center), Diane Dufresne (Pawtucket Prevention Coalition), Susan Jacobson (MHA RI), Nancy Denuccio, Holly Celevla (Anchor).

Staff: Jim Dealy, Linda Harr.

Review of Minutes (Rich Leclerc)

A quorum being present, the meeting was called to order.

A moment of silence was held in remembrance of Elizabeth Earls' recently passing. She will be greatly missed.

The agenda and draft minutes were circulated for review and comment. Some attendees had not signed in and were not listed in the minutes. Their names will be added to amended minutes. A motion was made, seconded and passed to accept the minutes as amended.

Governor's Council Annual Report (Jim Dealy): Jim requested that the Council vote to accept the draft report. Chris Strnad advised that DCYF has changes which it wants to make to the draft. Chris will forward this insert to Jim as soon as he receives the approval. Jim will then once again forward a Draft Annual Report for the Council to review and be prepared to discuss and vote on at the October meeting. Any major additions/deletions should be forwarded to Jim prior to October 9th so that the vote can be taken at this meeting.

5% Prevention Set-Aside (Charles Williams): The 5% Prevention Set-Aside is a SAMHSA requirement for use of the Community Mental Health Services Block Grant. Initially, SAMHSA allowed the state's discretion for how they wanted to use the Prevention Set-Aside. Rhode Island used this for DCYF evidence-based practices.

In the second year of the Grant, SAMHSA increased the Block Grant amount, to be added to the prevention set-aside and strongly encouraged that the increase be used to address first episode of psychosis. Rhode Island will continue the original amount going to DCYF's evidence-based practices and use the increase to explore how we can use the approach to first-episode of psychosis developed by the "RA1SE" project. "RA1SE" was research project sponsored by NIMH to test the success of an ACT-like intervention for young adults, 16-25, experiencing their first episode of psychosis. Rhode Island had two research sites, an intervention site through The Providence Center and the other was a control site through South Shore Mental Health. Our initial conversation with the lead researcher at The Providence Center proposed to (1) review the results of both TPC and South Shore; (2) to look at whether or not parts of the intervention or all of the intervention could be manualized and (3) to receive technical assistance from the New York State site. In this year's MHBG application, we proposed to spend the bulk of the increase toward developing strategies for widespread dissemination and replication, training, mobilization. An upcoming meeting will discuss the "manualization" process, dissemination, replication and talking to the folks at Columbia.

MOE (Maintenance of Effort)(Charles Williams): As a condition for receiving the SAPT and MH Block Grants, SAMHSA requires that BHHDH and DCYF maintain the same level of state spending for MH and SAPT programs as in the previous two years. In Fiscal 2013, there was an extremely significant short-fall on the Mental Health side and a smaller one on the substance abuse side. States can request a Waiver of the MOE requirement. There are two bases for a Waiver: (1) extraordinary economic circumstances and (2) material compliance. In the past, the State has requested waivers on the basis of the state's extraordinary economic conditions (stemming from the Recession) and we have received those. This occurred in 2008, 2009, 2010. These extraordinary conditions did not exist in FY 2013, so for the state fiscal year 2013 request, we requested a waiver on the basis of material compliance. The foundation for "material compliance" is that even though we have not met the state financial requirement for the MOE, we have continued to provide services at historic levels, if not above. We are still serving the same number of individuals even though the state's general revenue dollars have decreased. What has changed has been related to the introduction three years ago of what used to be known as the "Global Waiver." The Global Waiver shifted general revenue dollars that were formerly in BHDDH's control out of its control. The MOE requires that the state agency getting the Block Grant spends a certain amount of money on the grant-funded services that are state revenue dollars that it controls. Shifting state funds out of BHDDH's control had repercussions for the MOE. Also, because the Health Homes that were part of the Global Waiver require a far smaller amount of state dollars to match federal dollars, the state's contribution to these services decreased. This year's BG application makes this case that we are "material compliance" with the MOE requirement because, in spite of these changes, we continue to serve at least the same number of people as we did formerly. We have not heard back on that.

Subcommittee Reports: (ROSC) (Rebecca Boss) Becky reported that the Director, Linda and herself met with Sandra DelSesto recently to review the work of the ROSC Subcommittee. The basic conclusion is that the three work groups that made up the ROSC Subcommittee have been part of major changes to the behavioral healthcare system. The reviewers felt that perhaps the ROSC Subcommittee has met many of its goals insofar as planning. At this point, there seems to be a lack of energy, perhaps because the work is being done.

The Recovery Capital Workgroup completed its consumer survey and there were recommendations to be made. It isn't clear where the Systems Capacity Workgroup's work stands. There is a proposal from Dr. Prochaska from URI to do stages of change training for our providers. That is still under consideration. The Systems Change group focused on modifying BHDDH's regulations in ways that would support a more recovery-oriented system. Steve Gumbley is reviewing the regulations at this point, and will be asked for recommendations that can go to community stakeholders for their input.

What we really want to do now is to develop a new Implementation Committee of Recovery Oriented Systems of care. We have the recommendations, with the exception of the regulations. Now we want to engage consumer stakeholders in implementing more recovery oriented systems of care. We are looking for anyone who is willing to participate in an implementation program to look at how else we can look at putting those recommendations into practice.

Rich stated that we will include in next month's Agenda – Implementation Committee.

Marihuana Initiative (Paul Florin): Paul is a professor at the University of Rhode Island in the Psychology Department who heads up a research and services team that has been working with folks at BHDDH for a number of years around substance abuse prevention. His presentation focused on the Marihuana Initiative.

He began by noting that Rhode Island done well in restricting the use of tobacco by kids. It has also done fairly well at reducing under-age drinking. With marihuana, however, it is definitely falling behind and is also facing a significant problem with prescription drug abuse.

National research has established the effectiveness of evidence based prevention in reducing marihuana as well as other drug use. The Washington State Institute for Public Policy reports that for every dollar invested in Project Toward No Drug Abuse (TND), which is one of the possible prevention approaches being used by the communities, there is a potential savings of $8.61 or $109 for every youth who participates.

Using Substance Abuse Prevention and Treatment Block Grant funds, BHDDH has released awards over the past several years to nine different communities under an initiative called "Reducing the Use of Marijuana and Other Drugs" (MOD). The communities who got the awards range all over the state, including those such as Barrington, Woonsocket, South Kingstown. The

grants were awarded based on the effectiveness of their proposed strategies, not on their level of needs. Across all communities a total of 2,750 students have participated in an evidence-based universal curriculum that has been verified as being delivered with fidelity. Three thousand more are projected to receive such curriculums in the next two years.

Paul reported on the outcomes of the project. Nearly 50% of the kids reported an increase in their knowledge regarding the negative consequences of drug abuse over the period of time that the curriculum is delivered. More than 25% reported an increase in their inner-personal skills. This is important because the curriculum is not supposed to magically produce changes in rates among kids. The curriculum is supposed to produce those changes by changing risks (the perceived harm associated with use) and protective factors.

Paul's report is attached with these minutes.

Update from EOHHS (Jason Lyon): Two or three rounds of re-certifications for Rite-Care eligible families have gone through. There have been some technical hiccups, which are being resolved. Yesterday EOHHS posted policy on the delivery procedure for the medication for Hepatitis "C" on its website.

Update from BHDDH (Rebecca Boss/Craig Stenning): Rebecca reviewed upcoming events for Rally for Recovery. The focus is being redirected to "how many people have recovered" from "how many people have died". The message is that treatment is now accessible and is affordable. In addition to Saturday's rally there are several others scheduled.

Rebecca described a call that was held on August 20, 2014, regarding Creating Community Solutions. Becky passed out a summary of that call, which is attached with these minutes. Creating Community Solutions is an organization that wants to get people talking about mental health and start to break down the misconceptions regarding mental illness. They are finding innovative community based solutions to mental health needs. They have gotten together with many other organizations in an effort to create a media blitz about solutions for mental illness and drug overdose issues.

Highlights from this discussion included:

1. Community dialogues can be framed broadly as a discussion about mental health or more specifically around an issue such as substance use, transition aged youth, or suicide prevention.

2. Rhode Island is waiting to hear whether it will be awarded a SAMSHA block grant to do work on transition aged youth. As a part of this grant, there is a focus on the use of peer leadership and support. Text Talk Act is a CCS resource that may be helpful. If you go on their website, you can see that they are sponsoring an October 6th event. They are

sponsoring a one hour, text enabled mental health dialogue designed especially for young people. The topic for this coming fall is peer to peer support and the purpose of the conversations is to build interest and capacity among youth to offer support to friends and acquaintances who may be experiencing mental health challenges.

3. Given Rhode Island's geography and past experiences, pursuing a statewide conversation is a strategy that may make the most sense.

4. The Governor's Council on Behavioral Health would be a good convener to discuss and decide whether the timing and context are right for holding a statewide dialogue on mental health.

Update from DCYF (Chris Strnad): Implementation start date for the 4E Waiver will be October 1st. These funds will be used to focus on wrap-around services as primary intervention for youths 13-18 who hopefully will be transitioning out of residential care. DCYF is continuing to look at CANS and other functional assessments. CANS stands for "Child, Adolescent, Needs, and Strength." It is an evidence-based assessment/decision making tool. It will be administered when children go into a placement and will be redone just before discharge. It will be used to help determine the best facility to meet the needs of the youth. DCYF is training both residential providers and its care coordinators to administer this test.

The challenges that have been identified internally include that some providers are already using other tools, and DCYF does not want assessments to be redundant.

Old/New Business (Rich Leclerc): None.

The meeting was adjourned by vote of the members.

Next Meeting: October 9, 2014, 8:30 A.M., Barry Hall Room 126

Statutory and Public members, please let Jim Dealy know if you cannot attend

This meeting is open to the public.

If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.